

AC. 44451

WEST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
of the
Principal School Medical Officer
for the
YEAR 1966

D. A. McCRACKEN, O. St. J., M.D., D.P.H.
Principal School Medical Officer

WEST SUFFOLK COUNTY COUNCIL
EDUCATION COMMITTEE

Telephone No:
Bury St. Edmunds 2281



Westgate House,
Bury St. Edmunds.

To the Chairman and Members of the Education Committee:

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting my report on the work of the School Health Service for the year 1966.

The continuing increase in population of expanding towns arising from the transfer of families in the London area is resulting in an increased child population. This has led to a still greater proportion of the department's time being given to children with special requirements rather than to routine medical work which is probably not a retro-grade step.

Several new swimming pools came into use at village schools and discussions took place between the staff of the Education, the Architect's and of this department to ensure that in future pools would be designed so that effective chlorination could be carried out and that appropriate staff were instructed in the procedure. It seems to me that the time is not far distant when the Authorities might well consider the provision of a heated indoor swimming pool which will be available at all times.

I have again to report that the Water Boards have not yet found it possible to adjust the fluoride content of the public water supplies to diminish the incidence of dental caries.

During the year many requests were received from schools for the help of the Health Education Officer in planning and carrying out courses, particularly for young people about to leave school. No new projects came into being during the year but much preparatory work was carried out in connection with the two new Health Clinics and the hostel for maladjusted boys, all of which were scheduled to open early in 1967. Part of the accommodation at the Health Clinic in Bury St. Edmunds is to be used daily by the staff of the School Psychological Service and the staff of this department welcomes the opportunity for closer liaison with that service.

Mrs. Marjorie P. Williams who has been Superintendent Health Visitor and School Nurse for 19 years during a formative period of the National Health Service and School Services, retired in August. When Mrs. Williams was appointed there were only four Health Visitors/School Nurses on the establishment and during her service she has seen this developed to some 25 nurses. I wish to place on record, and I am sure that the Education Committee would concur, grateful thanks for the loyal and conscientious work she has carried out for the community and in particular for the young mothers and their infants.

I extend my thanks to the staff of my own department for their work throughout the year and to the head teachers and staff of the Education Department for their continued and readily given help. I would like also to express my gratitude to the Chief Education Officer and to the Chairman and Members of the School Welfare Sub-Committee for their understanding of the many problems which arise.

I have the honour to be,
Your obedient Servant,

DAVID ANDREW McCracken,

Principal School Medical Officer.

21st July, 1967.

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer	D. A. McCracken, M.D., D.P.H.
Deputy Principal School Medical Officer	A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.
Senior Medical Officer	A. M. Lush, M.R.C.S., L.R.C.P., D.C.H., D.(Obst.)R.C.O.G., D.P.H.
School Medical Officers	P. Coggin Brown, M.R.C.S., L.R.C.P. D.P.H. E. Kinnear, M.B., Ch.B., D.P.H. A. F. Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. L. B. Gonzalez, M.B., Ch.B., D.P.H.
Principal School Dental Officer	S. H. Pollard, L.D.S.
Dental Officers	J. Dewar, L.D.S. (part-time) Col. E. Ferguson, M.B.E., L.D.S. Mrs. S. Tribe, B.D.S., L.D.S.
Principal Nursing Officer	Miss O. E. Payne, S.R.N., S.C.M., Q.N., H.V.Cert.
Superintendent School Nurse/Health Visitor	Mrs. M. P. Williams, S.R.N., S.C.M., H.V.Cert. (to 31.8.66) Miss M. M. Ward, S.R.N., S.C.M., H.V.Cert. (from 3.10.66)
School Nurses, etc.(as on 31.12.66)	23 School Nurse/Health Visitors (one part-time) and four dental surgery assistants (one part-time)
Speech Therapist	Miss B. M. Elton, L.C.S.T.
Health Educator	Mrs. S. Afnan, S.R.N., C.M.B., H.V.Cert., Dip.H.E.

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

The County of West Suffolk has an area of 390,916 acres. The estimated population at mid-1966 was 148,270. There are no county boroughs within the County.

At the beginning of the year there were 19,855 children on the rolls of the schools. Some were Americans whose fathers were serving in the United States Air Force Stations in West Suffolk.

At the end of 1966 there were 121 schools in the County, five being secondary grammar schools (including one bilateral school), 12 secondary modern schools and 104 primary schools.

Prolonged sick leave of staff again reduced the routine medical work of the School Health Service but the review of all handicapped children was carried out as planned and all special cases were seen without delay.

As forecast in last year's Annual Report, the practice of 'selective examination' of school leavers has been extended to more schools, although two of the doctors who

are employed for only a small part of their time as school medical officers continued to carry out routine inspections of all the boys in the leaver group at some schools. As in previous years no case came to the knowledge of the department of any ill result of the selective procedure and it would seem likely that it is merely a question of time before this is introduced as the normal practice in all schools.

A year ago reference was made to the experience gained by the school medical officer of selective examination of entrants which was introduced as a necessity during 1965 on account of temporary staff shortages. As a result of this experience a wider trial was made of selective examinations in this age group during 1966. During the year the medical officer carrying out these examinations was convinced that selection should be extended to this age group also. It is thought that the selective principle can be more safely introduced if parents complete a simple questionnaire; if suitably qualified school medical officers remain in the area; and if they continue to work with both pre-school and school children.

Contact between school medical officers and doctors in other branches of the Health Service, particularly general practitioners, does much to prevent overlapping and to improve services available to the children.

New ways of working, such as the attachment of health visitors and domiciliary nurses to general practitioners, the employment of the same doctor in more than one branch of the national and school health services; and the joint use of multi-purpose premises, are at present being tried out in many parts of the country, including West Suffolk. It is hoped that these will lead to further integration and give greater satisfaction both to the patients and the doctors.

Vision Testing.

No changes have been made during the year in the arrangements for routine vision testing at various ages. Fortunately all children in the County needing further investigation or treatment can be seen by an ophthalmic surgeon without delay if referred by the family doctor to the nearest hospital or the ophthalmic centre in Haverhill. Routine colour vision tests were given to boys in their fourteenth year.

Hearing Tests.

Staff changes interfered with plans for routine audiometry and it was possible to test all the entrants in certain urban areas only. Priority continued to be given to the testing without delay of children of all ages who were suspected of having any hearing defect or who seemed dull. The speech therapist continued to test as a routine all children under her care.

Speech Therapy.

Only one speech therapist was working in the County this year as it was not possible to fill the other vacancy on the establishment. The main difficulty, as mentioned in last year's Report, is not so much the number of children who need treatment as the fact that many of them live in the more rural parts whence it is not practicable for them to attend clinics for treatment. Much of the therapist's time is, therefore, taken up in travelling between villages. During the year 25 children were ^{started} given treatment and 62 were discharged. At the end of the year 115 children were under treatment or observation.

Verminous Children.

As mentioned in last year's Report, it is left to the school nurses' discretion as to how often they carry out routine hygiene inspections at schools where the children are invariably "clean". The nurses visit at once if they or the head teachers suspect that the hygienic condition of any of the children needs attention.

In 1966 the nurses carried out 7,276 inspections and found 54 individual children verminous. The nurses got in touch with the parents of all the children found to have

live vermin or nits, giving them advice and where necessary, an emulsion. Small-tooth combs were lent or sold to parents requiring them. The children were excluded from school when this was thought desirable and, in any case, they were followed-up by the nurses until free from infestation.

Vaccination against Tuberculosis.

As in previous years Heaf testing and B.C.G. vaccination, where necessary, was offered to all pupils in the year of their fourteenth birthday or older, at all schools in West Suffolk including direct grant and private schools. Heaf positive reactors of the third and fourth degrees of severity were x-rayed but none had active tuberculosis.

Year of birth	Number tested	Positive reactors	Percentage of positive reactors where statistically significant
1948	6	1	-
1949	5	0	-
1950	12	3	-
1951	360	25	6.9
1952	865	49	5.6
1953	53	5	-
1954	4	0	-

HANDICAPPED PUPILS

The following table shows the number of handicapped pupils at, or awaiting vacancies at, special schools or hostels at the end of the year:-

	Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Subnormal	Epileptic	Speech Defects	TOTAL
At special schools or hostels	3	-	11	2	3	-	10	22	3	-	54
At independent schools	-	-	1	-	-	-	9	4	-	-	14
Awaiting admission to special schools or hostels	-	-	1	-	-	-	8	5	-	-	14
TOTAL	3	-	13	2	3	-	27	31	3	-	82

At the end of 1966 there were still no special schools in the County although there was a unit for partially hearing children at Sexton's Manor School, Bury St. Edmunds, and a hostel at Great Cornard for maladjusted boys was expected to open early in 1967. All the children included in the above table except one were at residential special schools outside the County. One physically handicapped child attended a special day school in Cambridge.

Deaf and Partially Hearing Children.

Arrangements for ascertaining and teaching deaf and partially hearing children remained unchanged throughout the year. The numbers in the special unit at Sexton's Manor Primary School in Bury St. Edmunds varied between 3 and 7. They were brought

in daily from their homes which were widely scattered throughout the County. It will be remembered that this unit for partially hearing children was set up as an experiment in a small room that could be made available at this school. During the trial period it was envisaged that the teacher of the deaf would teach each morning in the unit and during the afternoons would visit the home of each pre-school child at least once a week. She would also visit schools where there were children with hearing aids. This involves a great deal of travelling and the teacher finds that she cannot cope with it unaided.

With the increased population more deaf children are moving into the area and although the numbers are still small the present room at the special unit will only accommodate 6 children. The age range of the children has gradually increased and is now 5 - 10 years. It is felt that the unit should become a permanent feature of this school and that adequate accommodation should now be provided. More and more authorities are setting up such units and are employing teachers of the deaf. Shortage of these teachers has become acute and it is most important that their time should not be wasted. Experience has been gained by several authorities now in the running of these units and it was felt that before embarking on any further expansion or before trying to increase the establishment to two teachers of the deaf, the advice of the Department of Education and Science should be sought.

As a result, one of Her Majesty's Inspectors of Schools and the Medical Officer of the Department of Education and Science who deals with these matters, visited West Suffolk and each spent a whole day seeing children in the unit and their teacher. They discussed the whole question of the ascertainment and education of these children with the Chief Education Officer, his Deputy, the Headmaster of Sexton's Manor School and the Deputy Principal School Medical Officer and Senior Medical Officer. Although these visits did not take place until early in 1967, that is after the period to which this Report refers, their advice was passed to the authority before the printing of this Report. It included inter alia the recommendation that one centrally situated whole-time unit should be a permanent feature of the authority's educational provision for these children. This necessitates the allocation of a suitably sized room for the purpose and adequate specialised equipment together with the employment of another teacher of the deaf. They recommended the provision of transport to enable pre-school children to be brought to the teacher on some occasions to save some home visits.

At the end of 1966 the number of children in this County whose hearing was sufficiently impaired to necessitate special education was as follows:-

				<u>Primary Age</u>	<u>Secondary Age</u>
Children at residential schools .. .. .	..	..	..	10	4
Children at the special day unit .. .. .	..	..	..	6	-
Children with hearing aids but suitable for ordinary schools .. .. .	..	..	..	7	3
Children whose parents refused the special provision advised .. .. .	..	..	..	1	-
Pre-school children	-	6			

Physically Handicapped Children.

In addition to the children at special schools, some 25 with various disabilities were adequately catered for at ordinary schools.

Maladjusted Children.

One hundred and twenty-five children were known to have been treated at the Family Psychiatry Clinics provided in West Suffolk by the Regional Hospital Board. The good liaison achieved with the staff at these Clinics has continued. Towards the end of the year discussions took place between the staff of the school health service, the psychiatrist and the educational psychologist with a view to the opening of the hostel for maladjusted boys early in 1967. About the same time the new Health Clinic in Bury St. Edmunds is expected to be ready for use and the prospect of sharing the accommodation there with the school psychological service is most welcome.

Educationally Subnormal Children.

In addition to the educationally subnormal children attending special schools 743 were being taught in special classes for slow learners at certain ordinary schools at the end of the year.

Education in Hospitals.

Sixty-five West Suffolk children were known to have received education in hospitals - 12 in Newmarket General Hospital, 27 in the West Suffolk General Hospital, Bury St. Edmunds, and 26 in hospitals outside the County. Most of the children were in hospital for relatively short periods.

Education at Home.

Eight children were taught at home during the year. They included four suffering from physical disabilities who soon returned to school and four whose mental state rendered them unfit for school. Two of these were awaiting places at special schools and two were expected to prove suitable for training centres.

MEDICAL AND DENTAL EXAMINATION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL

The doctors inspected children in the long-term care of the County Council and the dental officers inspected all aged three years and over. Special examinations were also carried out when asked for by the Children's Officer.

EXAMINATION OF ENTRANTS TO COURSES OF TRAINING IN TEACHING AND TO THE TEACHING PROFESSION

The school doctors examined 107 persons in accordance with Ministry of Education Circular 249. Of these, 44 had begun teaching, including many who were still awaiting admission to colleges of education.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

This year has been a disappointing one for the School Dental Service. There was no staff illness to cause disruption as has happened in previous years, but other adverse factors arose. The most serious was the delay in building the new Health Clinic in Bury St. Edmunds. This meant that treatment had to continue in the old premises in the Borough Offices when re-building was taking place there. It proved impossible to find any alternative accommodation so a much reduced service was carried out under conditions of great difficulty and, at times, of extreme discomfort. It is not surprising that the output of work was reduced. It is surprising that the staff and patients continued to attend in these circumstances.

Difficulties also occurred in the southern part of the County where a mobile clinic is visiting a large number of small schools. When there are only a few children to treat in any one place it is often impossible to avoid loss of the dental officer's time when moving from one school to another. When the new Health Clinic at Sudbury is opened in 1967 staff will be redeployed so that this particular area becomes more easily managed.

When the new premises at Sudbury and Bury St. Edmunds are in use all the fixed clinics will be equipped to the same high standard. Provision has been made in the 1967 estimates for some improvements to the older of the two mobile clinics.

Attention continues to be paid to the very important subject of dental health education in schools. With the close collaboration of the health education officer it is being arranged for dental officers to visit schools to talk to the children. Increased use is planned of films suitable for various age groups and it is hoped to assemble our own material for a mobile exhibition. These steps will be in addition to the dental health education which is already being given by teachers as part of the normal health education curriculum and the routine distribution of posters and other literature.

Expansion of the service will require the engagement of more staff and the provision of further treatment facilities. Present financial circumstances do not permit any immediate action but among measures envisaged are the employment of another dental officer, a dental auxiliary, the equipping of more surgeries in existing premises and the use of a third mobile clinic. The Committee will be asked to consider these matters in due course.

S. H. POLLARD,

Principal School Dental Officer.

HEALTH EDUCATION

Health Education throughout the County has steadily gathered momentum since a health education officer was appointed in the autumn of 1965. During 1966 all secondary schools received the general Health Education syllabus and were offered a related series of talks, which some headmasters accepted.

School leavers' courses in social and environmental studies were conducted at Newmarket Grammar School and similar courses were held at Beyton, Haverhill and Mildenhall Modern Schools. The health education officer contributed to leavers' courses at Sudbury High School and her assistance was sought on various occasions at the Silver Jubilee Girls' School.

Posters and publicity material has been provided for most of the schools.

STATISTICS

TABLE I

PERIODIC MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Age Groups inspected (by years of birth)	No. of Pupils inspected	Pupils found to require treatment, including those already under such treatment			No. of Pupils found not to warrant a full medical examination
		For defective vision (excluding squint)	For any of the conditions recorded in Table III	Total individual pupils	
1962 and later	0	0	0	0	0
1961	105	5	12	12	0
1960	89	5	7	11	0
1959	39	3	4	7	0
1958	14	0	1	1	0
1957	9	0	0	0	0
1956	13	0	3	3	0
1955	8	1	0	1	0
1954	1	0	0	0	0
1953	1	0	1	1	0
1952	170	3	1	4	) 319
1951 and earlier	385	50	11	58	
TOTAL	834	67	40	98	319*

* Of these 319, 24 were found to require treatment for defective vision including some 20 who were already under such treatment.

TABLE II

OTHER INSPECTIONS

Number of Special Inspections	..	298
Number of Re-inspections	..	704
TOTAL	..	<u>1,002</u>

TABLE III

RETURN OF DEFECTS FOUND AT MEDICAL INSPECTION
(including defects already under treatment or observation)

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation only	Requiring treatment	Requiring observation only
Skin	12	0	6	0
Eyes - Vision ..	43	24	15	4
Squint ..	9	2	3	0
Other ..	1	0	0	1
Ears Hearing ..	2	9	14	20
Otitis Media ..	1	1	0	0
Other ..	1	0	1	0
Nose and Throat ..	5	5	3	0
Speech	1	5	9	3
Lymphatic Glands ..	0	0	0	0
Heart	1	3	0	1
Lungs	1	4	6	0
Developmental -				
Hernia ..	0	3	0	0
Other ..	0	2	0	0
Orthopaedic -				
Posture ..	0	1	0	0
Feet ..	6	3	0	1
Other ..	2	2	2	0
Nervous system -				
Epilepsy ..	1	0	1	0
Other ..	0	0	1	0
Psychological -				
Development ..	0	2	2	4
Stability ..	0	1	3	0
Abdomen	0	1	0	0
Other	0	0	1	0

The 24 visual defects found in the 319 pupils included in Table I as not warranting a full medical examination, are not included in Table III above.

TABLE IV

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's dental officers -					
	(a)	At Periodic Inspections	..	..	..	15,708
	(b)	As Specials	..	..	..	117
					Total	15,825
(2)	Number offered treatment		..	..	..	6,298
(3)	Number actually treated		..	..	..	2,416
(4)	Attendances made by pupils for treatment		..	..	..	5,806
(5)	Half-days devoted to: Periodic Inspection		..	..	..	167½
		Treatment	..	..	..	989½
					Total	1,157
(6)	Fillings - Permanent Teeth		..	..	..	3,072
		Temporary Teeth	..	..	..	1,743
					Total	4,815
(7)	Number of Teeth filled - Permanent Teeth		..	..	..	2,793
		Temporary Teeth	..	..	..	1,676
					Total	4,469
(8)	Extractions - Permanent Teeth		..	..	..	221
		Temporary Teeth	..	..	..	923
					Total	1,144
(9)	Administration of general anaesthetics for extraction		..	..	..	187
(10)	Orthodontics: (a) Cases commenced during the year		..	..	..	17
		(b) Cases brought forward from previous year	..	..	..	11
		(c) Cases completed during the year	..	..	..	7
		(d) Cases discontinued during the year	..	..	..	1
		(e) Removable appliances fitted	..	..	..	22
		(f) Fixed appliances fitted	..	..	..	0
(11)	Number of artificial dentures fitted		..	..	..	7

